



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

CONSULTANTS IN PAIN MANAGEMENT

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-17-0569-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

October 31, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "We filed our corrected claim on July 22, 2016. This is well within the 95 day time frame. We also have authorization to treat patient which is attached for review. Please review our claim and reprocess for payment."

**Amount in Dispute:** \$190.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Texas Mutual claim [claim #] is a participant in the Texas Star Network and CONSULTANTS IN PAIN MEDICINE has out of network authorization to treat the claimant. Because this is network healthcare Rule 133.307 does not apply. Rather, the requestor should access Complaint Resolution through Coventry Workers' Comp Services."

**Response Submitted by:** Texas Mutual Insurance Company

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 11, 2016	99213	\$190.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Insurance Code Chapter 1305 applicable to Health Care Certified Networks.
3. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
4. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
5. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
6. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
7. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - CAC-29 – The time limit for filing has expired.
  - CAC-193 – Original payment decision is being maintained, upon review, it was determined that this claim was processed properly.
  - CAC-243 – Services not authorized by network/primary care providers.
  - 727 – Provider not approved to treat Texas Star Network claimant.
  - CAC-150 – Payer deems the information submitted does not support this level of service.

## Issues

1. Did the requestor meet the exception outlined in Chapter 1305.006?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

## Findings

1. The requestor filed this medical fee dispute to the Division asking for resolution pursuant to 28 Texas Administrative Code (TAC) §133.307 titled *MDR of Fee Disputes*. The authority of the Division of Workers' Compensation to resolve matters involving employees enrolled in a certified health care network is limited to the conditions outlined in the applicable portions of the Texas Insurance Code (TIC), Chapter 1305 and limited application of Texas Labor Code statutes and rules, including 28 TAC §133.307.

Texas Insurance Code §1305.153 (c) provides that "Out-of-network providers who provide care as described by Section 1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation."

The insurance carrier denied/reduced the disputed service with reason code(s); "CAC-243 – Services not authorized by network/primary care providers" and "727– Provider not approved to treat Texas Star Network claimant." The insurance carrier's position statement states in pertinent part, "Texas Mutual claim [claim #] is a participant in the Texas Star Network and CONSULTANTS IN PAIN MEDICINE has out of network authorization to treat the claimant."

Chapter 1305.006 outlines the insurance carrier's liability for out-of-network healthcare and states, "An insurance carrier that establishes or contracts with a network is liable for the following out-of-network health care that is provided to an injured employee:

- (1) emergency care;
- (2) health care provided to an injured employee who does not live within the service area of any network established by the insurance carrier or with which the insurance carrier has a contract; and
- (3) health care provided by an out-of-network provider pursuant to a referral from the injured employee's treating doctor that has been approved by the network pursuant to Section 1305.103.

Review of the out-of-network authorization issued by Coventry, dated January 29, 2016 states in pertinent part, "The request to provide necessary medical services for the above injured worker as an out-of-network provider has been reviewed and approved."

The Division finds that the requestor submitted sufficient documentation to support that the exception outlined in Chapter 1305.006 (3) was met. As a result, the disputed services are under the jurisdiction of the Division of Workers' Compensation and are eligible for review by medical fee dispute resolution. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The insurance carrier denied the disputed services with claim adjustment reason codes: "CAC-29 – The time limit for filing has expired" and "CAC-150 – Paymer deems the information submitted does not support this level of service." 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Texas Labor Code §408.0272(b) provides that:

Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
  - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
  - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
  - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

The requestor submitted three EOBs in support of timely filing for date of service May 11, 2016. Review of the documentation finds the following:

EOB with audit date June 17, 2016, documents that the requestor billed the insurance carrier CPT Code 99214. The insurance carrier denied CPT Code 99214 with denial reduction code “CAC-150 – Payer deems the information submitted does not support this level of service.” The requestor submitted a “corrected” bill to the insurance carrier down coding the CPT code to 99213.

EOB with audit date September 15, 2016, documents that the requestor down coded the CPT Code 99214 to 99213. The insurance carrier denied CPT Code 99213 with denial reduction code “CAC-29 – The time limit for filing has expired.”

EOB with audit date October 13, 2016, documents that the requestor submitted the bill containing CPT Code 99213 for reconsideration. The insurance carrier denied the reconsideration request with denial reduction code “CAC-29 – The time limit for filing has expired.”

The requestor states in pertinent part, “We filed our corrected claim on July 22, 2016. This is well within the 95 day time frame.”

The Division finds that the requestor submitted insufficient documentation to support that the “corrected claim” containing CPT Code 99213 was “filed” with the insurance carrier on July 22, 2016. The documentation submitted for review supports that the disputed CPT Code 99213 was submitted to the insurance carrier later than the 95 days after the date the disputed services were provided.

3. Texas Labor Code §408.027(a) states that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider’s right to reimbursement for that claim for payment.” 28 Texas Administrative Code §102.4(h) states that: “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

Review of the submitted information finds insufficient documentation to support that a corrected medical bill was submitted within 95 days from the date the service was provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due for CPT Code 99213 rendered on May 11, 2016. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is not entitled to reimbursement for the services in dispute.

### **Authorized Signature**

_____	_____	November 18, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 Texas Register 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (form DWC045M)** in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**